



EXECUTIVE CHAMBERS

HONOLULU

LINDA LINGLE
GOVERNOR

BOARDS AND COMMISSIONS

HOW TO APPLY

If you are interested in applying for a board or commission, please submit the following:

1. Letter of interest. Specifically state for which boards/commissions you are interested in applying and your qualifications for each.
2. Completed and Signed Application Form (3 pages)
3. References

Requests for consideration can be forwarded to:

Boards and Commissions
Office of the Governor
Hawai'i State Capitol
Honolulu, HI 96813

Questions? Please call the Office of the Governor at (808) 586-0026.

BOARDS AND COMMISSIONS APPLICATION (Please type or print legibly)**Page 1 of 3**

Our goal, in addition to meeting the provisions of state statutes regarding the composition of a particular board or commission, is to select members who bring a variety of skills and life experiences to these agencies. The answers to the following questions can assist us in these efforts.

FULL NAME		MAIDEN OR OTHER NAMES, INCLUDING DATES OF USE
PLEASE CHECK PREFERRED TITLE: <input type="checkbox"/> MR. <input type="checkbox"/> MISS <input type="checkbox"/> MS. <input type="checkbox"/> MRS. OTHER: _____		U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
RESIDENCE ADDRESS (Street Address, City, State, Zip Code)		HOME PHONE
MAILING ADDRESS (If different from above)		BUSINESS PHONE
DATE OF BIRTH	RESIDENCY IN HAWAII (years)	MOBILE PHONE
SOCIAL SECURITY NUMBER (optional)	NAME OF SPOUSE	EMAIL ADDRESS

APPLYING FOR THE FOLLOWING BOARD(S) OR COMMISSION(S)

EDUCATION *(May attach a resume)*

CURRENT PROFESSION / OCCUPATION

EXPERIENCE *(Major employment record beginning with present to last employment) (May attach a resume)*

FROM (Year)

TO (Year)

PROFESSIONAL ORGANIZATION, HONORS, LICENSES, ETC. *(May attach a resume)*COMMUNITY SERVICE *(Organizations; offices held; indicate past or present) (May attach a resume)*MILITARY SERVICE RECORD *(Including awards, decorations, etc.) (May attach a resume)***Continued on the next page**

Are you currently serving on any public board or commission created by the State or any of its political subdivisions?
If so, please state the name of the body and the date when your term expires.

Conviction for a Crime (You DO NOT need to report: 1) Arrests not followed by convictions. 2) Convictions which were annulled or expunged)

1) Have you been convicted of a felony or misdemeanor? Yes ☐ No ☐

2) Have you ever been convicted of any act, attempt or conspiracy to overthrow the state or the federal government by force or violence? Yes ☐ No ☐

If you answered "yes" to either question, indicate the date(s) and explain below: Date(s) _____

I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any appointed position in the service of the State of Hawaii.

Signature

Date

PLEASE READ AND SIGN THE FOLLOWING PAGE

**Return all three (3) pages to:
Boards and Commissions
Office of the Governor
Hawaii State Capitol
Honolulu, HI 96813**

Questions? Please call the Office of the Governor at (808) 586-0026

TO WHOM IT MAY CONCERN:

In conjunction with background investigation being conducted by the Office of the Governor, I hereby authorize any authorized representative of the Office of the Governor, State of Hawai'i, bearing this release, or copy thereof, to obtain information in my files pertaining to my employment, military, or education records including but not limited to, academic, achievement, attendance, personal history and disciplinary records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information will be used in connection with my consideration for possible appointment to a state board or commission. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at times result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Signature: _____ Date: _____